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Draft country programme document**

Uganda

Summary

The Executive Director presents the draft country programme document for Uganda for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$42,880,000 from regular resources, subject to the availability of funds, and \$40,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.



*Basic data†
(2003 unless otherwise stated)*

Child population (millions, under 18 years)	14.7
USMR (per 1,000 live births)	140
Underweight (% moderate and severe, 2000/01)	23
Maternal mortality ratio (per 100,000 live births, 1991/2001)	510
Primary school enrolment (% net, male/female, 2001/2000)	87/87,100/100
Primary schoolchildren reaching grade 5 (% , 1998)	45
Use of improved drinking water sources (% , 2002)	56
Adult HIV prevalence rate (% , end 2003)	4.1
Child work (% , children 5-14 years old)	34
GNI per capita (US\$)	240
One-year-olds immunized against DPT3 (%)	81
One-year-olds immunized against measles (%)	82

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Uganda has experienced substantial economic growth over the past decade, but growth in the gross domestic product per capita lagged behind at 2.8 per cent per annum, due to a population growth rate of 3.4 per cent per annum. (Uganda has the third-highest population growth rate in the world.) Approximately 10 million people out of a total population of 24.4 million live in poverty, including 5.5 million children. The proportion of people below the poverty line rose from 34 per cent in 2000 to 38 per cent in 2003, accompanied by rising inequality. Regional differences remain pronounced: in the north, over 63 per cent live below the poverty line; in the east, 46 per cent.
2. In the north and northeast, 19 years of conflict have resulted in widespread insecurity and large-scale population displacement. Some 90 per cent of the population from three districts is displaced. Mediation efforts in early 2005 may culminate in a ceasefire with the Lord's Resistance Army, potentially leading to peace and post-conflict recovery. However, the process is politically fragile. Meanwhile, 1.4 million internally displaced persons (IDPs), 80 per cent of whom are women and children, live in temporary shelters in more than 200 congested camps with minimal services, exposed to serious human rights violations. About 20,000 children have been abducted since 1986, serving as soldiers, porters and sex slaves. Around 35,000 children, unaccompanied by adults, commute into towns each night to avoid abduction, becoming exposed to new hazards.
3. The under-five mortality rate is 140 per 1,000 live births and is due primarily to malaria, respiratory infections, and diarrhoea, exacerbated by malnutrition, with wide disparities evident between urban and rural areas. Stunting affects 38 per cent of children (2001). DPT3 coverage increased from 42 per cent in 2000/2001 to 81 per cent in 2003. Some 8 per cent of children under five sleep under mosquito nets. The Millennium Development Goal of 62 per cent access to safe water has been achieved in urban areas; in rural access, access has increased from 24 per cent (1992) to 56 per cent (2003). At 31 per cent, Uganda has the highest adolescent

pregnancy rate in sub-Saharan Africa. Some 61 per cent of women deliver without skilled care, and 5 per cent have access to fully functional emergency obstetric care (EmOC).

4. The HIV prevalence rate among pregnant women declined in the 1990s but has stagnated at 6.2 per cent (2002), which implies that about 1.1 million people are HIV positive. Surveillance figures from antenatal services in districts affected by conflict indicate a prevalence rate of around 10 per cent, the high figure possibly attributable to rape and displacement. The main cause of infection is unprotected heterosexual transmission, followed by mother-to-child-transmission, with around 20,000 babies infected annually. Voluntary counselling and testing and prevention of mother-to-child transmission (PMTCT) of HIV are increasingly available services. Infection rates among 15- to 19-year-olds are nearly three times higher for girls (16 per cent) than for boys (6 per cent).
5. Approximately 1.8 million children are orphaned, half of them because of AIDS, and the number of orphans is expected to rise to 3.5 million by 2010. The number of child-headed households is also growing. As for working children, some 63 per cent are orphaned. These children are commonly employed as domestic servants and are at risk of sexual exploitation. There is a direct relation between poverty and child labour: of the estimated 2.7 million economically active children, 45 per cent work to survive. An estimated 7,000-12,000 children are involved in commercial sex, 90 per cent of them girls and 47 per cent orphaned children.
6. Universal Primary Education has increased the net enrolment rate to 87 per cent, which more than trebled from 2.3 million in 1996 to 7.5 million in 2004. The gender gap at primary level is minimal. About 800,000 children aged 6-12 years do not attend school. Because of late entry and repetition, 74 per cent of children in grade one are over-age. Dropout rates are high: only 23 per cent of children (21 per cent girls and 24 per cent boys) complete primary school. The quality of education remains poor: only 20 per cent of children who complete six years of schooling attain defined competency levels in literacy and numeracy.
7. The primary reasons for the difficult situation of children and women include the fact that duty bearers do not meet their obligations because of insufficient public resources, poor governance, gender inequalities, disproportionate urban/rural service provision, lack of quality basic services, inadequate numbers of qualified personnel, and a shortage of essential commodities. Conflict in the north and northeast, and the subsequent degeneration of most social services, has hindered budget-absorption capacity, and the response to emergency needs is slow. Cultural factors and marginalization have negatively impacted socio-economic investments in the northeast among the predominantly pastoralist population. These rights holders have limited capacity and opportunity to claim their rights.
8. Uganda ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and banned the recruitment of children under 18. The first periodic report to the Committee on the Rights of the Child was presented in 2000. The discussion of this report and a 2004 addendum takes place in September 2005. Recommendations on the initial report prepared in 1995 include harmonization of national legislation with the Convention; prevention of discrimination against girls and vulnerable children; and paying special attention to ill-treatment and abuse, including sexual abuse of children. A Children's Act, based on the Convention, was passed in 1996.

Key results and lessons learned from previous cooperation, 2001-2005

Key results

9. In line with the mid-term review (MTR) recommendations, during 2004 UNICEF accelerated the humanitarian response in eight districts affected by conflict, in coordination with the Office of the Prime Minister, local government, United Nations agencies and non-governmental organizations (NGOs). Three zonal offices were established to provide close field support and coordination with partners to address children's access to health, education, water and protection. Achievements include the development of policies and protection strategies for IDPs, resulting in the introduction of a home-based care package to reduce under-five morbidity; construction of water systems in camps, which provided water for more than 400,000 people; the expansion of therapeutic feeding centres; the strengthening of district-based registration of formerly abducted children; the setting up of learning centres for approximately 120,000 primary school students and early childhood development (ECD) sites for 11,800 children; and the provision of protection for more than 30,000 night commuters. A joint study with the International Rescue Committee on sexual and gender-based violence (SGBV) will be completed in 2005, and an appropriate response developed.

10. **Key programme results.** Support to immunization led to DPT3 coverage of 81 per cent, no cases of poliomyelitis recorded since 1996, and a decline in reported cases of measles over a six-month period, from 11,800 in 2003 to 1,498 in 2004. Together with partner agencies, the 2004 target of providing PMTCT services in all 56 districts was reached and a communication strategy implemented. Regarding education, 1,330 primary schools in 31 districts qualified as child-friendly; 19,000 children achieved literacy through the "Breakthrough to Literacy" initiative; and 30,000 disadvantaged children attended 602 new ECD sites. Birth registration reached more than 1.6 million children.

11. UNICEF played a key role as an advocate for children, influencing national policy review, development and action, and leveraging resources for public-sector budget allocation, particularly within the sector-wide approach (SWAp) for the main social sectors. UNICEF strongly influenced the development of a multi-sectoral approach to reducing infant and maternal mortality and of strategies for EmOC, ECD, girls' education at the national level, and emergency water and sanitation. UNICEF also strongly influenced the incorporation of issues related to IDPs and child protection into sector investment programmes (SIPs), and resource-leveraging for non-formal education. A Social Development Sector Investment Plan was approved, based on the human rights-based approach to programming. The Plan covered all social protection issues affecting children, women, and other vulnerable groups, including a national policy on orphans and vulnerable children (OVC) developed in a consultative, participatory process with the children themselves. Commitment to *A World Fit for Children* goals was acknowledged in the Poverty Eradication Action Plan (PEAP) following UNICEF-supported consultations with government officials and parliamentarians.

Lessons learned

12. The operationalization of the human-rights approach, using the District Focus Approach, enabled UNICEF and its counterparts to target the most disadvantaged districts, promoting community involvement in local-level planning in a process that strengthens the interaction between rights holders and duty bearers. However, greater emphasis needs to be placed on monitoring and assessing the results of this approach and its impact on children's lives. A workshop on the rights-based approach in 2004 recommended continuously analysing and reducing gaps in duty bearers' capacity, and identifying opportunities and strategies for systematic integration of the rights-based approach in district planning, budgeting, implementation and monitoring processes.

13. While progress has been made in integrating child protection into policy and action for children affected by conflict, it is increasingly evident that many of the protection issues faced by these children are also prevalent in the rest of Uganda (Draft Report on "Children in Need of Special Protection Measures", 2004). The new country programme must give increased attention and support to child protection in non-conflict districts, with particular attention paid to violence, SGBV, and child labour, and to establishing systems to address protection of vulnerable children.

Country programme, 2006-2010

Summary budget table*

Programme	(In thousands of United States dollars)		
	Regular resources	Other resources	Total
Social policy, advocacy and alliances for children	3 300	1 000	4 300
The right of all children to education	7 250	8 000	15 250
Child survival and development	11 500	10 000	21 500
Children and AIDS	10 500	10 000	20 500
Protecting the vulnerable	4 750	7 000	11 750
Cross-sectoral costs	5 580	4 000	9 580
Total	42 880	40 000	82 880

* Consolidated Appeals funding of \$15-20 million annually is anticipated for 2006-2008.

Preparation process

14. The country programme was developed through an inclusive process using the rights-based approach and based on the Common Country Assessment (CCA), priorities in the PEAP and the draft United Nations Development Assistance Framework (UNDAF), the draft medium-term strategic plan (MTSP) of UNICEF 2006-2009, lessons learned from evaluations, reviews, the Consolidated Appeals Process, the PEAP revision and the review of the implementation of the recommendations of the Committee on the Rights of the Child, including the 2004 addendum. Thematic working groups used the Millennium Development Goals as a framework for the CCA, and drafted the UNDAF around five interlinked areas of

cooperation: (a) reducing poverty and improving human development; (b) good governance; (c) protecting and promoting human rights; (d) supporting the national AIDS response; and (e) accelerating the transition from relief to recovery. The Country Programme Management Team, chaired by the Ministry of Finance, Planning and Economic Development, led the country programme preparation process within the CCA/UNDAF, and determined the contribution of UNICEF to achieving the UNDAF, PEAP and Millennium Development Goals. UNICEF is committed to working in UNDAF areas a, c, d and e (listed above), where the organization has a comparative advantage, aiming to reach the most vulnerable. The key results expected from the country programme are fully consistent with the UNDAF, contributing in turn to the expected PEAP results. The preparation process also involved relevant SIP working groups, United Nations agencies, bilateral agencies, NGOs, and civil society organizations (CSOs), with support provided from the UNICEF regional office and headquarters. The views of children and young people aged 6 to 18, from both conflict and non-conflict districts, contributed to the establishment of the priorities. A desk review found no likely negative environmental impact.

Goals, key results and strategies

15. The overall country programme goal is to ensure that vulnerable children in the most disadvantaged communities progressively realize their rights to survival, development, protection and participation.

Key results

16. Nationwide, the key results expected are a reduction in child vulnerability and an enhancement of child participation at national, district, and community levels through the influencing of policy analysis and resource-leveraging by use of up-to-date, reliable data on child poverty and human development, disaggregated by sex and household income.

17. In the targeted districts, expected key results are the following: (a) the percentages of girls and boys aged 0-5 years who realize their right to early learning and stimulation will increase from 2 per cent to 12 per cent; (b) the percentage of girls and boys aged 6-12 realizing their right to access education will increase from 53 per cent to 68 per cent, while the percentage of children who complete quality primary education and achieve required proficiency levels for their class will increase from 23 per cent to 40 per cent; (c) the percentage of children, especially those under 5, accessing preventive, promotive and curative health and nutrition services will increase to 80 per cent (measles coverage will increase from 81 per cent to 90 per cent); (d) young people and women, especially adolescents, who realize their right to antenatal care "plus" will increase to 42 per cent; (e) young people, especially girls, will have reduced their risk of and vulnerability to HIV infection; (f) infected children, young people and women will access HIV/AIDS care and treatment services; (g) at least 40 per cent of children identified as vulnerable to violence, exploitation, abuse, discrimination and neglect, together with their families, will access protection and social services; (h) girls, boys and women will be living in an environment that supports the progressive realization of their rights to protection from sexual violence and exploitation; and (i) all girls and boys will realize their right not to be recruited into armed forces or groups and not to

participate in hostilities. In the country programme action plan, UNICEF will define the extent of its contribution to those key results.

Strategies

18. The overarching programme strategy is to focus on the most vulnerable children in the most disadvantaged districts, aiming at disparity and poverty reduction. Building on the experience with the rights-based approach and the District Focus Approach in the 2001-2005 programme, the most disadvantaged districts, particularly those affected by conflict, will be targeted, strengthening community involvement by several means: (a) engaging duty bearers and rights holders, especially women, in local planning; (b) bringing multi-sectoral interventions closer to communities; (c) leveraging available resources for children at district level; and (d) ensuring systematic integration of the rights-based approach into district planning, budgeting, implementation and monitoring processes.

19. Additional strategies include the following: (a) service delivery, focusing on conflict districts using a multi-sectoral approach, universal access, and institutional strengthening for greater synergy and more effective strategies to reach the excluded; (b) results-based planning, monitoring and evaluation; (c) social mobilization for behaviour change; (d) promotion of child participation and decision-making in day-to-day community life, in schools and within the child's immediate environment; and (e) mainstreaming emergency preparedness and response throughout the programme, particularly regarding conflict and post-conflict situations.

20. The **advocacy for child rights** strategy will use data analysis from districts for evidence-based prioritization of child rights, influencing political will and building alliances to create an enabling environment — in terms of policy, law and public opinion — in favour of the realization of child rights. This will include leveraging resources with donors, including the Global Fund for AIDS, Tuberculosis and Malaria, with SIPs and the Medium Term Expenditure Framework (MTEF), and with districts within the decentralized system.

Relationship to national priorities and the UNDAF

21. The country programme is based on the PEAP priorities, SIP goals, MTEF targets, and the national decentralization policy. Its cycle is harmonized with the United Nations system within a five-year UNDAF, as detailed in the UNDAF results matrix.

Relationship to international priorities

22. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach are consistent with the Millennium Development Goals that underlie PEAP, and with the Millennium Declaration. The programme addresses the priority areas identified in the goals of *A World Fit for Children*, the Abuja Declaration, the Core Commitments for Children in Emergencies, and the draft MTSP 2006-2009.

Programme components

23. **Geographic coverage.** The programme will focus on the conflict-affected districts in northern Uganda and Karamoja as well as post-conflict districts, all of which have a total population of 6 million, including 3.3 million children. Priority will be given to the most vulnerable children in IDP camps. These districts' indicators are consistently worse than the national averages, and conflict districts face the additional challenge of access. Nationwide activities include advocacy, aiming at influencing policy and resource allocation for children, as well as interventions to reduce child mortality, supporting immunization, vitamin A supplementation and deworming.

Social policy, advocacy and alliances for children

24. Social indicators show an increase in the number of children living in poverty and are marked by geographic disparities. The programme contributes to addressing this situation through two projects. The first, *evidence-based social policy advocacy for children*, will contribute to the monitoring process for the Millennium Declaration, Millennium Development Goals and PEAP by supporting the provision of up-to-date data on children and young people using *UgandaInfo* and other information sources. Data on children and young people will be analysed from a human rights perspective and will be used to advocate for effective national policies to address the disparities affecting the realization of children's rights and for adequate social budgeting for children at national and district levels.

25. The second project, *advocacy and alliances for children*, will contribute to the progressive realization of children's rights and gender equity through networking and advocacy for legislation; administrative measures; social policy development; and leveraging resources. The recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women will be disseminated, and appropriate discussion and action organized, especially at the district level and among children. The project will promote the meaningful, active participation of women and children in decision-making processes, including in planning, implementing, monitoring and evaluating programmes directly affecting the fulfilment of their rights. Young people's networks will be established, with priority given to the participation of disadvantaged children. The programme works in partnership with other United Nations agencies, bilateral donors, NGOs and CSOs. Funding will come mainly from regular resources.

The right of all children to education

26. In response to the exclusion of the most vulnerable children from ECD and primary education, and to the inefficiency of the primary school system, the programme aims to progressively enable children aged 3-5 to exercise their right to quality early learning and stimulation and preparation for timely enrolment in primary school; and to enable children aged 6-12, especially girls, to access and complete quality primary education and achieve the required proficiency levels. Under this programme, the *early learning and stimulation* project supports the establishment of community-based ECD sites for the most vulnerable girls and boys, with parental involvement, monitored and supervised by local government. Caregivers' capacity will be strengthened in child-centred, gender-responsive, and age-appropriate teaching and learning processes and methodologies.

27. The second project, *primary education quality and completion*, will consolidate and expand current initiatives, such as the child-friendly schools initiative, aiming to increase access, retention and learning achievement for the most vulnerable children, particularly girls, through the development of competency and outcome-based curricula, the training of teachers on child-centred teaching and learning processes, life skills for HIV prevention, and improved school environmental safety. Girls' Education Movement in-school clubs will be expanded, supporting out-of-school girls to return to school and encouraging girls to complete their education. Non-formal, alternative or catch-up education for children who have not been to school or who drop out will be expanded in conflict districts and with the pastoralist population. The education SIP provides the programme policy framework, and the United Nations Girls' Education Initiative will support advocacy and resource leveraging. Conflict districts will be a priority for regular resource funding.

Child survival and development

28. The programme addresses the underlying causes of infant, child and maternal mortality as identified in the CCA. The *child health and nutrition* project will contribute to achieving 80 per cent coverage among the most vulnerable children under five in preventive, promotive and curative services, through the expanded programme on immunization (EPI) "plus", community-based Integrated Management of Childhood Illness, and biannual child health days. UNICEF will support planning, monitoring and supervision of district implementation plans to ensure that the most vulnerable girls and boys are reached. The project will advocate, leverage resources and provide technical advice for nationwide EPI, vitamin A supplementation and deworming. Community dialogue will be used to enhance parental knowledge of basic health and nutrition and child development, in order to improve family care practices and home-based stimulation for children aged 0-2.

29. The *young people and women's sexual and reproductive health* project will contribute to increased availability and use of sexual and reproductive health services, with special emphasis given to young people, especially girls. Improved services that are "young-people-friendly" will enhance antenatal care coverage, increase skilled attendance for deliveries and access to quality EmOC, reinforce PMTCT coverage, and underpin young peoples' HIV/AIDS prevention initiatives. Activities will include advocacy for reproductive health, on-the-job training and supervision for health professionals, and the development of models for newborn care at the community level. The *community water and sanitation* project aims to prevent diarrhoeal diseases by advocating for access to clean water and sanitation, strengthening operational and maintenance systems, and promoting good hygiene practices. In conflict districts, the project will work with SIP partners to install water and sanitation facilities.

30. The programme works within the SIPs for health and water to ensure that issues affecting child and maternal mortality are adequately addressed and to leverage resources for interventions having a direct impact on child survival and development. Within the SWAp, UNICEF, the World Health Organization and the United Nations Population Fund provide technical guidance; bilateral donors such as the United Kingdom, the Netherlands and Sweden contribute direct budget support; and the World Bank, the African Development Bank and other contributors,

such as the United States of America, provide project support. Regular resources will cover advocacy, support for planning and monitoring, and promotion of hygiene practices, as well as a proportion of water installation provision in conflict districts. Other activities, including nationwide EPI, will be financed mainly by other resources.

Children and AIDS

31. This programme will ensure that an adequate proportion of resources available to combat HIV/AIDS is invested in strengthening the capacity of partners to monitor the effectiveness of their HIV/AIDS actions in meeting the particular needs of children. The programme will contribute to the national goal of reducing HIV prevalence through the provision of support to prevention, and through the development of approaches to treatment and care that reinforce prevention. The "*Window of Opportunity*" project aims to reduce prevalence of HIV in children and young people. The project will scale up capacity development, using community dialogue whereby communities identify issues of culture, gender inequality and sexuality, and identify ways that risks for young people can be reduced. The activities will address emerging issues such as the wide availability of HIV testing and antiretroviral treatment as well as prevention among young people who are infected. Innovative approaches to address the sexual and reproductive health concerns of men, including the promotion of safer sex practices, will be supported.

32. The *care and treatment* project will support the prevention of HIV transmission from infected mothers to their babies and will try out district-level strategies to provide care and treatment for children and parents in a supportive environment. The project will advocate scaling up PMTCT to all antenatal care sites. Strategies to introduce paediatric AIDS treatment at the health-centre level will be developed. The *orphans and vulnerable children* project will enhance the capacity of families and caretakers to support children affected by HIV/AIDS, improving their livelihoods and providing economic and psychosocial support so that OVC are accessing basic social services in a protective family environment. At the district level, the project will forge linkages with the *safety nets for children* project and will work with local government and CSOs to strengthen and expand systems caring for OVC.

33. Regular resources will fund most prevention activities, the development of PMTCT "plus" and overall monitoring, supervision and advocacy. Other resources will fund the care and treatment and OVC projects.

Protecting the vulnerable

34. This programme will address the high levels of violence, exploitation, abuse, discrimination and neglect of children. Building on existing but weak social welfare structures, the *safety nets for children* project will support the strengthening and coordination of systems that identify, monitor, refer and protect children. Broad partnerships for child protection will be established, involving institutional service providers and communities, in collaboration with the orphans and vulnerable children project. Support will be provided for capacity development of duty bearers at all levels (including service providers, parents and communities) to identify at-risk girls and boys and to guide them to appropriate institutional services. Strategic interventions will include policy development and review as well as advocacy for

law reform. The project will advocate for and support duty bearers in the adoption of measures to reduce informal child labour and to eliminate the most hazardous forms of child labour. The project will support birth registration, advocating for its nationwide expansion.

35. The *protection from sexual and gender-based violence* project will work to establish locally accessible systems to ensure that survivors of reported cases of SGBV or exploitation receive appropriate medical, legal and psychosocial support. This effort includes building the capacity of service providers, and supporting community initiatives involving men, women and children, to remove the social and institutional barriers to seeking assistance and to create an environment in which children, especially young girls, can realize their right to be free of sexual violence or exploitation. The *children affected by armed conflict* project aims to ensure that no child, including a child of the pastoralist population, is inducted into the ranks of the military, security services or militia. Strategies will include advocacy and the training of armed services officials and local administration. Community mechanisms to reduce the risk of abduction and to reintegrate formerly abducted children will be strengthened. The emerging Social Development Sector Investment Plan will guide the programme in advocacy and in the reform of policy and legislation. The programme will rely on regular resources mainly to support the safety nets and SGBV projects; Consolidated Appeals funding will be used in the conflict districts.

36. **Cross-sectoral** costs will cover the management and support of the overall country programme, including programme planning and coordination. They will also cover operating costs, such as staff and operating expenses related to supply, logistics, administration and finance.

Major partnerships

37. Under the leadership of the Government, partnerships will include United Nations agencies, guided by the UNDAF, for coordination of programme development and implementation; development partners, for advocacy, technical coordination and for leveraging resources within SIPs and the PEAP, using the SWAp; regional initiatives, including the East African Community and the New Partnership for African Development, for increased inter-governmental integration and private sector involvement; and the National Council for Children, the Uganda Human Rights Commission, parliamentarians, the judiciary, civil society, and local communities in the strengthening of the awareness of rights holders and the capacity of duty bearers. Joint programming with United Nations agencies in the field of monitoring, reproductive health, immunization and nutrition is planned, as highlighted in the UNDAF.

Monitoring, evaluation and programme management

38. Key indicators to assess progress on results will be detailed in the summary results matrix. The country programme results matrices will serve as the five-year database for the Integrated Monitoring and Evaluation Plan (IMEP). A five-year plan of monitoring, studies, surveys and evaluations, consistent with the UNDAF monitoring and evaluation plan, will complete the IMEP, and assist UNICEF in jointly monitoring progress on the UNDAF targets. The IMEP will be updated annually, with findings feeding into programming. A baseline study will be

conducted in 2006, particularly related to protection, and the 2002 census data will be further analysed to highlight disparities that affect children, by district. A district-level tracking mechanism completed with partners will be strengthened to monitor programme progress. Information sources include sectoral Management Information Systems, surveys, studies, evaluations and programme reviews. Data will be disaggregated by sex and age. The Office of the Prime Minister has prepared a National Integrated Monitoring and Evaluation Strategy using *UgandaInfo* to disseminate data and to monitor progress on targets of PEAP and the Millennium Development Goals. *UgandaInfo* will track UNDAF and country programme indicators at district level. National surveys planned with partners include Socio-economic Household Surveys (2006, 2009); Ugandan Demographic Health Surveys (2006, 2010), for which UNICEF will support larger samples in conflict districts; a Services Delivery Survey (2007); and an HIV serosurvey (2008).

39. The Ministry of Finance, Planning and Economic Development will manage the country programme and monitor progress towards meeting PEAP and UNDAF goals. Joint Government and United Nations annual reviews will be held, and a joint MTR of UNDAF will take place in 2008 as an evidence-based evaluation of results, with recommendations guiding any possible changes in country programme implementation.
